

FIRE ALARM SYSTEM PERMIT APPLICATION



Hingham Fire Department
Fire Prevention Office
210 Central Street
Hingham, MA 02043
(781) 741-1488

HFD FA Permit # _____
Building Permit # _____
Map & Key # _____

☐ STANDARD PERMIT ☐ SHORT FORM PERMIT

NOTE: This application form must be completed and submitted to the Hingham Fire Department, Fire Prevention Office, 210 Central Street.

1. Tenant Name: _____
2. Site Address: _____ Unit/Bldg # _____
3. Complex Name: _____
4. Work being done: ☐ Modification to existing system ☐ New System
5. Total # of new & relocated devices: _____
6. Adding or replacing, FACP/transmitter/power supplies? ☐ Yes ☐ No
7. Description of Work, (be specific, use the back of the application if necessary):

8. Fee: ☐ Standard Permit: \$50.00 ☐ Short Form Permit: \$25.00 ☐ No Charge

Contractor Name: _____ **Phone # :** _____
Contact Name: _____ **Fax # :** _____
Business Address: _____
Fire Alarm License Number: _____

Check the box indicating the scope of work being done to determine which Permit you are applying for:

- ☐ Over 25 devices shall use Standard Permit.
☐ 25 or fewer devices shall use Short Form Permit.
☐ Repair work with over 10 and up to 25 devices shall use Short Form Permit.
☐ Repair work with over 25 devices shall use Standard Permit.
☐ Residential Fire Alarm systems shall use Short Form Permit.

Failure to PROVIDE ANY of the above requested information may result in a delay of the review process and the rejection of your application. Please allow a minimum of three weeks for the Hingham Fire Department review process. You will be notified when your PERMIT and PLANS are ready for pick up.

I understand that the installation shall comply with the Hingham Fire Department Guidelines and the 2002 Edition of NFPA 72, and that upon completion of the installation a Certificate of Completion shall be filed with the Hingham Fire Department as per NFPA 72.

PRINT NAME (APPLICANT) and PHONE NUMBER

SIGNATURE (APPLICANT)

OFFICIAL RECEIVING APPLICATION

DATE RECEIVED